

<b>Case Number:</b>	CM15-0175204		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	02/11/2008
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53 year old female, who sustained an industrial injury on 2-11-08. She reported pain in bilateral shoulders, bilateral knees, neck, and back. The injured worker was diagnosed as having cervical strain, shoulder strain, and knee derangement. Treatment to date has included right total knee arthroplasty on 9-3-14, left arthroscopic acromioplasty in 2013, right arthroscopic acromioplasty in 2014, physical therapy, a home exercise program, TENS, and medication. On 5-21-15 neck pain and left shoulder pain was rated as 4-7 of 10. Right shoulder pain was rated as 3-6 of 10. Right knee pain was rated as 4-6 of 10. Left knee pain was rated as 5-8 of 10. Low back pain was rated as 4-8 of 10. On 7-23-15 neck pain, left shoulder pain, right knee pain, and low back pain was rated as 4-7 of 10. Right shoulder pain was rated as 3-6 of 10 and left knee pain was rated as 5-8 of 10. The injured worker had been taking Norco since at least March 2010 and Celebrex since at least December 2014. Physical examination findings on 7-23-15 included intact sensation, negative straight leg raise test, and positive bilateral impingement and Hawkins's sign. Pain to acromioclavicular compression was noted bilaterally and pain over bilateral knee joints was also noted. Currently, the injured worker complains of pain in the neck, bilateral shoulders, bilateral knees, and low back. On 7-23-15 the treating physician requested authorization for Norco 10-325mg #90, a TENS unit trial, and Celebrex 200mg #30 with 3 refills. On 8-4-15, the requests were modified or non-certified. Regarding Norco, the utilization review (UR) physician noted "the submitted documentation reported chronic use of Norco without indication of functional benefit or improvement." Based on the lack of improvement evident, use of Norco is not indicated." The request was modified to certify

a quantity of 70 for weaning. Regarding TENS, the UR physician noted "guidelines only support TENS if used in conjunction with a program of evidence based functional restoration, which was not currently evident." The request was non-certified. Regarding Celebrex, the UR physician noted, "it was unclear that this medication was providing significant functional benefit of improvement." The request was modified to certify Celebrex 200mg #30 with no refills.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**Norco 10/325 mg Qty 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** This 53 year old male has complained of shoulder pain, knee pain, neck pain and low back pain since date of injury 2/11/2008. He has been treated with surgery, physical therapy, TENS and medications to include opioids since at least 03/2010. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not medically necessary.

**TENS (transcutaneous electrical nerve stimulation) unit, trial: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** This 53 year old male has complained of shoulder pain, knee pain, neck pain and low back pain since date of injury 2/11/2008. He has been treated with surgery, physical therapy and medications. The current request is for a 1 month trial of TENS unit. Per the MTUS guidelines cited above, transcutaneous electrotherapy (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the following conditions: chronic regional pain syndrome, neuropathic pain, phantom limb pain, spasticity, multiple sclerosis. There is no documentation in the available medical records of a planned functional restoration program to be used as an adjunct to the proposed TENS unit

trial. On the basis of the MTUS guidelines and the available medical records, TENS (transcutaneous electrical nerve stimulation) unit, trial is not indicated as medically necessary.

**Celebrex 200 mg Qty 30 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** This 53 year old male has complained of shoulder pain, knee pain, neck pain and low back pain since date of injury 2/11/2008. He has been treated with surgery, physical therapy, TENS and medications to include NSAIDS since at least 12/2014. The current request is for Celebrex. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 6 months duration. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Celebrex is not medically necessary in this patient.